

candle^{raiser}s

Organization Name: _____ Phone: _____

Contact Name: _____ Email: _____

Number of Participants: _____ Number of Samples Needed: _____

Start Date: _____ End Date: _____

Mailing/Billing Address

Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address

Address: _____

City: _____ State: _____ Zip Code: _____

By signing below, you agree to the following terms and conditions:

I agree to supervise and take responsibility for my organization regarding this campaign.

Payment for your order must be made directly to CheerCandles.com. Method of payment must be established prior to shipment of your order.

At the end of the fundraiser, I will submit the order forms via mail or fax to CheerCandles.com

I understand if my order is under 200 items, a shipping fee will apply.

Candles will ship within 2-3 weeks from the time the orders are received at CheerCandles.com

I understand my order will arrive presorted by participant order form.

Signature: _____ Date: _____

Thank you for working with CandleRaisers
FAX COMPLETED FORM TO 435-563-0416

Scentinel Candle Fundraisers

2788 S US HWY 89/91, Logan, UT 84321

Call us toll-free at 1-800-853-5044 or visit us at www.candleraisers.com

**Orders cannot be combined.*